## ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## **Goshen General Hospital**

City: Goshen County: Elkhart Year: 2003

Provider Type: General Acute

I. Inpatient Care					
Hospital Service Description				Average Charge Per Discharge	
Burn Care	0	0	0	\$0	
Cardiac Intensive	0	0	0	\$0	
ICU Med/Surg	20	434	1,942	\$6,043	
ICU Neonatal	0	0	0	\$0	
ICU Pediatric	0	0	0	\$0	
Medical/Surgical	45	2,225	11,694	\$3,834	
Neonatal Intermed	0	0	0	\$0	
Obstetrics	14	1,560	2,580	\$3,522	
Pediatric	17	675	2,335	\$3,208	

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	96	4,894	18,551	NA
Normal Newborn	20	1,531	2,333	\$428

II. Outpatient Visits					
Circulatory System	767	Digestive System	2,330		
Endocrine System	311	Injuries and Poison	7,818		
Mental Disorder	531	Musculoskeletal	1,837		
Neoplasms	875	Nervous	1,784		
Respiratory	3,234	Urinary	1,726		
Other/Unknown	79,262	Total Visits	100,475		
Number of Visits to Emerg	22,830				
Percent of Emergency Department Visits of Total Visits			22.7%		

## **Identification of Hospital Services**

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	Y - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	Y - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure NR =		Not reported

**Health Care Regulatory Services** 

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